

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574194

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7			1			
8			<i>Cancelled</i>			
9						
10						
11						
12						
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15						
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18						
19						
20						
21						
22						
23						
24			1			
25				1		
26				1		
27				1		
28				1		
29				1		
30						
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35						
36			<i>Cancelled</i>			
37						
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46						
47						
48				1		
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	26	←		←
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						